

Bulletin # 558

February 14, 2003

BENEFIT CHANGES TO NBPDP

Attached are lists of changes to the New Brunswick Prescription Drug Program (NBPDP) Formulary, effective February 14, 2003.

Included in this bulletin:

- **Regular Benefit Additions**
Claims for these products will be reimbursed at actual acquisition cost (AAC). Claims for interchangeable products will be subject to the applicable maximum allowable price (MAP).
- **Special Authorization Revisions**
- **Special Authorization Additions**

If you have any questions or concerns, please contact our office at 1-800-332-3691.

Yours truly,

Debbie LeBlanc
New Brunswick Prescription Drug Program

NBPDP/PHAR/PHYS

Note: If you would prefer to receive bulletins electronically rather than in hard copy, please send a message to BC_nbpdp@atl.bluecross.ca or call 1-800-332-3691.

Bulletins are also available on the NBPDP web page: <http://www.gnb.ca/0051/0212/index-e.asp>.

REGULAR BENEFIT ADDITIONS

Drug/Form/Route/Strength	Brandname	DIN	Manufacturer	Plans	\$		
Iron Dextran Liq	IM	50mg/mL	Infufer	2221780	SIL	AEFGVW	AAC
			DexIron	2205963	GPM	AEFGVW	AAC
Bisoprolol Fumarate Tab	Orl	5mg	Monacor	2241148	BVL	AEFV	AAC
		10mg		2241149	BVL	AEFV	AAC
Glatiramer Acetate Liq	SC	20mg/mL	Copaxone	2245619	TMP	H	AAC
Mirtazapine Tab	Orl	30mg	Remeron	2243910	ORG	AEFGV	AAC
Glucagon rDNA Pws	SC	1mg	Glucagon	2243297	LIL	AEFGVW	AAC
Morphine Sulfate Src	Orl	10mg	Kadian	2242163	PMS	AEFGVW	AAC

SPECIAL AUTHORIZATION (PART B) – REVISED CRITERIA

Clopidogrel (Plavix)

- 75mg tablet

The criteria has been revised to include:

- For the prevention of vascular ischemic events in patients who have been hospitalized with acute coronary syndrome (i.e. unstable angina or non-ST segment elevation myocardial infarction) in combination with ASA for a period of three months.

SPECIAL AUTHORIZATION (PART B) ADDITIONS

Estradiol-17b

(*Vivelle*)

(*Estradot*)

- 37.5mcg, 50mcg, 75mcg, 100mcg transdermal patches

- For the treatment of menopausal symptoms in women for whom oral forms of HRT are not tolerated or indicated.
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Norethindrone acetate /

Estradiol-17b

(*Estalis*)

(*Estalis-Sequi*)

- 140/50mcg and 250/50mcg transdermal patches

- For the treatment of menopausal symptoms in women for whom oral forms of HRT are not tolerated or indicated.
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Travoprost

(*Travatan*)

- 0.004% ophthalmic solution

- For the reduction of intraocular pressure in patients with open angle glaucoma or ocular hypertension who are intolerant of, or insufficiently responsive to, another IOP lowering drug.

If the beneficiary has had a claim for a first-line glaucoma agent (eg. betaxolol, levobunolol, timolol, etc.) in the previous 12 months, the claim for Travoprost will be automatically reimbursed.
